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## ORIGINAL ARTICLES.

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### CASE OF PHOSPHATIC INCRUSTATION OF THE WALLS OF THE BLADDER.

By C. S. SARGEANT, M. D.

The following case seeming to meet me rather unique, I send you the history of it, and if you think your readers will find any interest in it you might publish it in your Journal.

About six weeks ago Harry K. presented himself to me with the following history: He was born in California, sixteen years ago, and has always been fairly healthy until three years ago, when he was kept in school as a punishment for four hours without passing urine; this was followed by an attack of cystitis. His nutrition is fair, digestive organs good; no family tendency to stone in the bladder. The acute attack of cystitis passed over into chronic form, which induced inflammatory changes. Atony of its coats with thickening induced a sulciferous condition of the entire bladder.

Deposition of the earthy salts of urine took place in the sulci in consequence of a portion of the secretion being too long retained in the viscus, or from the reaction of the saline matters on the mucus, which is secreted so abundantly in cystitis.



*Rational Signs.*—Frequent and painful micturition; inability to long retain the urine; urine contained muco-pus and blood; always aggravated by work of any kind, working, running, straining at stool, etc; caused free hemorrhage tenesmus both vesical and rectal. *Sounding* revealed this sulciferous condition of the bladder; the sound could be swept over these ridges, and at one spot, covering about one inch in circumference, could be felt the grating sound peculiar to calculi of the bladder, the sound could be heard also; but the contact of the instrument and the deposit gave more of a grating sound than the sharp click; it was quite similar to what an encysted stone might do.

The stone was evidently immovable and I could not tell if I had to deal with an encysted stone which had gradually buried itself in the walls of the bladder by ulceration, and the mucus walls having overgrown the opening, an adherent stone, or incrustation of the wall of the bladder in these various sulci by the salts of the urine. It seemed to be limited to one spot, and the sulciferous condition being general, I concluded it most probable to be an encysted or adherent stone, thinking it would be general if simply due to incrustation.

I advised operative measures.

With the patient and parents consent, I, assisted by Dr. N. R. Barbour, of Lockford, and Dr. George Harkness, of Stockton, performed the high operation for various reasons and will state a few: The supra-pubic or high operation was first performed by Peter Franco in 1561, suggested previously, some say by Roussetus some by Archigenes. It later gained repute by Pere Come, but gradually fell into disuse.

In our day of abdominal surgery, when such men as J. Greig Smith, Lawson Tait and others have shown us what advances can be and are being made in this class of cases, the supra-pubic operation for stone is being again reviewed and finds a warm advocate in Professor Helmuth, of New York, who has written an interesting and instructive treatise on the high operation. Among the advantages claimed for it are freedom from hemorrhage, absence of damage to the rectum, neck of bladder, prostate body and vesicula seminalis, and as sequela, stricture of the urethra, perineal



fistula, etc. Besides, the ability to see the contents and the condition of the walls of the bladder, greatly facilitating all operative measures as removal of papiloma, mucus polypi, incrustation of the walls of the bladder, adherent and encysted stone, etc., the operator having much more room to operate in. Also, on account of magnitude of stone, it being impossible or dangerous to remove large calculi by the perineal route. Among the disadvantages claimed are dangers of cutting the peritoneum, but, as I shall presently show, this liability or danger is completely done away with in operating by what is known as the Peterson-Guyon-Perier method.

Risk of urinary extravasation—which risk can be entirely obviated by the treatment of the wound as I shall presently show. Unfavorable position of the wound for drainage—another fallacy which can be completely overcome.

*Statistics.*—Dr. Dulles collected 493 cases; 336 recovered and 137 died; 43 were operated upon by American surgeons with the following result; 28 cases recovered, 14 died—one termination not noted—giving a mortality of of 32.55 per cent. The following of such statistics should be taken into consideration as follows: The greater magnitude of stone has been in the past reserved for the high operation, and, as we know this fact in itself increases the death rate; secondly, the supra-pubic plan has been adopted after the perineal method has failed, and also the treatment of the wound in the past has, in my opinion, conduced greatly to raise the death-rate.

The supra-pubic operation, as now practiced in Europe, notably in France as described by Villeneuve (*Rev. de chirurgie* t iii Sept. 1883, p. 665) of what he calls the Peterson-Guyon-Perier operation, consists essentially in the employment of antiseptic precautions, distension of the bladder and rectum to protect the peritoneum. Asepsis in surgery has long been acknowledged as desirable whereon it could be applied; vesical suture dates back to Rosset, in 1851 (but this particular part of the operation is where I think we should differ, as I will relate further on) Perier claims for France the introduction of rectal distention by a tampon syringe; Milliot announced the conception in 1875, five years before Peterson in the Medical Congress at Lyons.



The vesical suture is not uniformly accepted in Germany nor generally in France. E. Bonley in his monograph, collecting the cases of vesical suture from 1859 to 1881, has made a tabulated study of 23 such cases, among which failure occurred ten times. He gives the following table:

Cat-gut used 11 times, failed 7 times; carbolized silk used 8 times, failed 3 times; ordinary thread used 2 times, failed 0 times; metallic suture used 2 times, failed 0 times; and in a general way he decides against sutures. Successful cases are reported by Lister, Ultzman and others, but the tissues are friable and it is a dangerous resort in my opinion, with peritoneal surfaces it is different. A number of successful cases are reported of stitching the peritoneal surfaces of the bladder. Trendelenberg says "that there can hardly be cited a case of vesical suture where, after a short time urine has not flowed in part or wholly through the wound." In the recent thesis of Garcin, he deals with ninety-four cases of supra-pubic operation published during the years 1879-83 and says "that of twenty cases of vesical suture, there were only two cases in which union by first intention occurred." Again, out of ninety-four cases, there were seven in which death occurred from urinary infiltration, and five times this accident followed vesical suture. Duchastelet, one of Guyon's pupils, has proposed to go so far as to open the bladder always upon its peritoneal surface, for the extraction of stone, in order to get a tougher texture and a serous surface to act upon by sutures in the effort to obtain union. Villeneuve rather inclines to join in this proposition as a possible future advance for the high operation.

The pubes in my case were shaved and washed with a 1-1000th sublimate solution; the pelvis slightly raised, as in Lithotrity, so the intestines gravitated towards the diaphragm. The bladder was thoroughly irrigated with a warm solution of boracic acid gr. x tiži, and the bladder then filled with about žvi of 1-3000th sublimate solution, which was allowed to remain to lift the anterior reduplication of the peritoneum well above the level of the pelvis. A. Barnes' dilator, the largest size, was placed in the rectum and distended fully with salt water.

The incision was made in the linea alba, commencing



three and one half inches above the symphysis and extending slightly below the upper margin of the pubic bone. The deep fascia was raised upon a director over the entire length of the superficial cut and the sulcus between the recti muscles sought for; the pyramidales being in the way, the muscular fibres were cut directly through in the middle line, as tearing or pulling asunder is not allowable, as such separation of the elements of the muscles favor infiltration. The incision was as clean as possible on this account. After getting through the muscles, a thin layer of fat was exposed covered by the transversalis fascia, this fascia was seized with forceps in the middle line near the lower angle of the wound, a button hole incision was made and the left forefinger introduced pulp upwards. The forefinger thus placed, pushed upwards the yellow layer of fat carrying before it the peritoneal cul-de-sac. This is Guyson's manoeuvre, and by it the peritoneum is not seen. A sound was now placed in the bladder by the urethra and moved about to make sure the bladder was before me. A needle threaded with a heavy ligature was now carried through the walls of the bladder and tied in a loop on one side and the other side was treated in a like manner.

The incision into the bladder was now made between the ligatures, no attention being paid to a plexus of prominent veins which was to be seen over the front wall of the bladder. It tears tissues to attempt to ligate these, and the hemorrhage, which was quite profuse for a moment, subsided as the walls of the bladder collapsed. The Bichloride was now allowed to escape by the urethra and the sound removed.

The bladder wall was incised about one and one half inches, and upon digital examination I found the wall of the bladder greatly thickened, the entire mucus membrane was made up of sulci, and at the point where I thought the stone lay, I found the sulci filled in with sand and calculi. The number of stone was about forty, some simply resting upon others, ulcerated into the mucus membrane, so that I had to dislodge them with my finger nail. In size they varied from a grain of wheat, to a few as large as a grain of corn. In weight they were very light, consistence soft and crumbling under pressure, merely cohering like so many grains



of sand, forming a concrete by a connecting band of animal or organic matter. In form, irregular and rough; color, grayish; evidently phosphatic variety, caused by decomposition of the urine in the bladder which remained in these sulci, the urine collecting and remaining in these places. The detachment of Epithelia and the accumulation of other organic elements which served as a nuclei, around which the salts congregated.

After removal of all these particles, and cleansing of the bladder, *I stitched the edges of the wound in the bladder to the margins of the incision in the integument* and applied a loose dressing of bichloride gauze and iodoform. The urine was discharged for three weeks through the abdominal wound, which then healed perfectly. The urine was passed through the natural channel one week after the operation in the daytime, or when the patient was awake to respond to the calls of the bladder.

I used a wash of dilute citric acid to the walls of the bladder with the result of the hemorrhage gradually ceasing until it finally stopped entirely.

The patient had no rise in temperature or pulse; no pain. The urine not only cleaned up from blood, but pus as well, and now he is enjoying the best of health.

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## THE REGENERATION OF PRACTICAL MEDICINE.

A PAPER BY E. STEVENSON, M. D., M. C. P. S. ONT.

Vancouver, British Columbia.

[Read before the Vancouver (B. C.) Medical Society, October 23, 1888.]

GENTLEMEN: This is a somewhat formidable title for what must necessarily be a short essay. You will not expect me to do more than touch on a few salient points of my subject, and first of all I would impress upon you that I am not going to embark in matters merely speculative or theoretical. Nor am I anxious that you should be influenced by what I am about to say. The human animal, like all other animals, has his peculiarities, and I do not deem it prudent to upbraid him with them. He gets along wonderfully well with a great



variety of notions, indeed delusions seem to be essential to his existence. Besides I am not sure that we doctors are as philanthropic in reality as we imagine in striving to force the weak, i. e. the unfittest, to survive. We merely conserve the apparent interests of the individual regardless of the welfare of the race.

At the recent meeting of the British Association, a Mr. Harrison, to quote him, deprecated the "false tenderness of that humanitarian sentiment which took exaggerated care of the worthless members of society, thus favoring the survival of the unfittest." Many a doctor, himself a type of physical, mental and moral vigor, has thrown himself away a victim of this false philanthropy. Genuine philanthropy keeps in view the welfare of the race. I state this to give you a glimpse of my standpoint, I mean the philosophy which now influences me. But from the old standpoint that the greatest good, medically, consists in curing the greatest number of the sick without discrimination or regard to ultimate results I would now speak.

I might, in a more formal and exhaustive discourse, enquire as to the need of regeneration in Practical Medicine. I could quote you pages of opinions of many of the greatest lights all through the centuries in support of the affirmative of the question. I cannot suppose that you are not familiar with that fact, but I will read a few:

In discussing the question of science in therapeutics, in 1852, WUNDERLICH said: "Instead of exact observations, we nowhere see anything but hastily taken notes; instead of demonstrated principles, we have mere notions; instead of a strict exposition of the cause of effect, we have useless definitions. *Words void of sense and meaning.* That is what we find everywhere."

PROF. HENCKER.—"We do not know what is disease, how remedies act, and, still less, how diseases are cured. We must abandon the way which has been thus far followed."

RICHTER.—No science contains so many sophisms, errors, dreams and lies as medicine."

SCHÖENLEIN.—"Since the time of the Greeks and Romans, medicine has made *no* progress, or hardly any. It should be entirely reconstructed, upon *entirely new bases.*"



MAGENDIE.—“If I dared to say just what I *think*, I should add that it is *chiefly in the service where the medication is the most active and heroic that the mortality is the greatest.* \* \* \* Gentlemen, medicine is charlatanism.

PROF. GREGORY, of Edinburgh.—“Medical precepts in most cases are *veritable absurdities.*”

DR. MASON GOOD.—“Medical science is a literal nonsense. *Drugs have destroyed more lives than war, pestilence and famine combined.*”

TROUSSEAU.—“Therapeutics and materia medica are, in our day, in the chaos of a transition.”

VIRCHOW.—“We have no rational therapeutics.

NIEMEYER.—“We must really agree with Bamberger, who thinks that the greater part of patients who die, of endo-carditis even, have succumbed, not to the disease, but to the remedy.”

One of the commission appointed to revise and improve old school therapeutics, in 1865, wrote to the *Medicine de Vienne*: “We are working hard on the Tower of Babel of therapeutics. What one advises is forbidden by another; what one gives in large doses, another gives in small; this one extols a remedy which is despised by another. A confusion, a contradiction, a chaos without a parallel; and all this changes every year, aye, every month.”

WUNDERLICH said to his pupils one day: “Gentlemen, there is such a chaos in our therapeutics that we ought to be thankful for any good advice, whether it comes from an old woman, a shepherd, a blacksmith, or even a homeopath.”

The witty and sarcastic GIRTANNER, long before the science of Homeopathy was promulgated, said that the medical man of his day was “like a blind man with a club, striking vaguely in the dark. If he missed the *disease*, as he was very likely to do, he was very likely also to hit the *patient.*”

DR. H. C. WOOD recently wrote: “What to-day is to be believed is to-morrow to be cast aside, certainly has been the law of advancement, and seemingly must continue to be so. With what a babel of discordant voices does it [medicine] celebrate its two thousand years of experience!

The almost universal habit of allopathic doctors of beginning the treatment of any kind of ailment with a purgative



or a dose of opium, reminds one of the Jewish physician who once said to Lord Bacon,—“You European physicians are like bishops; you have the keys of *binding and loosing*—nothing more.”

But the present prevailing scepticism which undeniably exists—the everchanging phases of practice—in our own day from pulling down to so called supporting or pulling up measures,—the still unsettled state of affairs medical which threatens a reversion to old methods points in the same direction.

A realization of this truth and the influence of the latest advances in knowledge have begotten a more tolerant spirit, not only in the medical ranks, but generally. The conviction of the universal ignorance of our race and that as compared with the unknown and unknowable, this ignorance can never be diminished, has taken the edge off persecution, or is doing so.

It is not quite so hard as it used to be to persuade an opponent to look at your side of a case and to ascertain whether you have any facts. It is easier now for the individual to mistrust his own convictions as he looks at the earnestness, yea the fanaticism, of those whom he believes to be wrong. He knows how omnipotent the environment is in determining opinions form. He sees that his only hope to reach, approximate even, an adumbration of truth is to rise above the dust and smoke of contending beliefs, and perhaps all alone survey the ground.

Do you ask what this has to do with the regeneration of practical medicine? I answer, very much indeed. Instead of a pitched battle, waged on one side with utter contempt of the location of the enemy—fighting shadows, there has come inquiry as to where the enemy is, and what he is, or whether there is an enemy at all. I will not dwell on what has occurred. You know that as the doctors have often done before, at least since the breaking up of the Galerical dispensation, they disagreed. You know that very radical views are held at the present day by many in our ranks. In this respect they outdo all who have preceded; and their practice shows in corresponding qualities. All ideas of pulling either up or down are excluded. The whole tribe of



expedients commonly depended upon is ignored. I myself will soon have completed my thirtieth year of medical practice, all on this radical basis. During this time I have labored in the cold of Ontario (Canada West), the milder climates of the Pacific Coast, and in tropical Hawaii. I have never in one instance refused to attend any call, medical or surgical, and I have never given with a strictly medical purpose a purgative, or a laxative, or an emetic, or nauseant, or applied a blister or rubifacient. I have not in all that time, with a few exceptions, given even an anodyne or narcotic; never a tonic stimulant, or "bitter," nor a sudorific, nor an expectorant, nor a diuretic, nor a chologogue. In short, I have never done any of the things usually done in the treatment of disease—and with what results? A long list of premature deaths? Of pains unassuaged? Of blasted hopes? Of ruin and disaster at every turn? Have I had to brave the curses of sorrowing friends, and the stings and thrusts of a guilty conscience? No! No! I say No!

Now I suggest that if the treatment commonly pursued is necessary; that even one individual practitioner could not omit it all, or any considerable part of it, without such results as would discourage him; a storm would break upon him that would not enhance his income. But there are twelve thousand medical men, or about that number, doing every day what I have done, and omitting what I have omitted; and about five hundred young doctors annually added, who do not know how to do otherwise; who know nothing of the ordinary treatment. Recruits are continually joining the regenerating treatment, and as it is impossible for those who come from the common modes of treatment to prescribe always according to the new order of things, they do as best they can until the new procedure is mastered; and if there existed difficulty for even one to leave undone those things which are supposed to be necessary, how much more difficult would it be for twelve thousand to do so? Would there not be a universal howl against them? Would it not be plain—their lack of success; pain unrelieved; a terrible mortality—all notorious?

It is true that they have met and overcome bitter opposition from those still in the ranks of the ordinary practice;



but not because of alleged failure to cure, but because of the mode of cure, and because of ignorance in the premises.

Only within the last few months have the statistics of the new school been attacked and this maliciously. I speak fearlessly on this subject. My thirty years experience in the new school therapeutics assures me of the correctness, approximately at least, of these statistics. I know well that the mortality of cholera or yellow fever should rarely exceed 20 per cent. It has never reached this figure under the new treatment excepting at Chatanooga in '78 and at Louisville when the disease (yellow fever) was most violent. In other localities it was as low as 4 to 8 per cent. The general mortality in private practice is about half that of the ordinary treatment. (On this matter of statistics of private practice I would add what is well known by every Homœopath, that a Life Insurance Actuary undertook several years ago to reach the fact in this matter or an approximation. With this end in view he selected the cities of New York, Boston and Philadelphia for his field, and included two or three years observations. Space does not allow of details, but he reported that the mortality was as ten for Homœopathy to seventeen for Allopathy. And now in one Life Insurance Co. at least, policies are issued to those who trust to Homœopathy at reduced premiums. Surely myope's can see that no matter what Homœopathy may be it is the thing to trust to.) I have not time to say half or a tenth which I might on this subject.

Do you ask what manner of treatment is this new mode, I answer that this is of no consequence in so far as a verdict on the ordinary practice is concerned. A treatment which omits all its prescriptions successfully condemns it; and of all the objections to the new school practice it is remarkable that the charge of an *increased* mortality has never been brought against it. That, we might fairly expect, too, would be the very first objection raised, as, if it held would be fatal to its claims. And supposing the results to be no worse still the ordinary practice is condemned, as by the new practice the distress, which is sometimes unbearable, of the operations of its supposed remedies is avoided. And that it is at least equally successful is a fair presumption and was admitted by Sir John Forbes with reference to the treatment



in vogue in his day. He sent a competent observer privately to Dr. Fleischman's Homœopathic Hospital in Vienna to report on the matter.

But there is another phase of the question which demands reference. If the treatment of the new school is merely neutral or negative a fine field is thus presented for acquiring a knowledge of the natural history of disease. It is not easy to conceive of anything more likely to be productive of good results than this knowledge, and one for obvious reasons so hard to acquire. It is true that we know that a few diseases are self limiting and that a majority at least of acute diseases tend towards recovery under any treatment that is not too obstructive. But still we are in the dark as to nature's unaided powers and this has proven the chief obstacle to medical progress. We want a sort of medical zero from which to start. Cases recovering perhaps in spite of the treatment would not then so often be claimed as cures.

So gentlemen, from whatever standpoint my subject may be viewed, the course hitherto pursued with reference to it must be condemned. And now the Vancouver Medical Society has an opportunity to turn a leaf over in the matter and distinguish itself. I am willing to aid in the matter of demonstrating to the extent that favorable opportunities may be presented the prompt curative action of the remedies of the new school.

With the same absence of perturbation which characterizes the actions of bark in febris intermittents and hydrargyrum in *lues venerea*, diseased action is promptly modified or controlled. The remedies or many of them are the same with which you are familiar but there are also many that are new. The old as well as the new material is subjected to new pharmaceutical processes. I am prepared to show you that you do not know your oldest drug acquaintances at all. In their new dress and new employment you would not recognize them. Acute diseases, or some of them, do not furnish so good a test of medicinal power for the reasons named. Still the decisive action of the remedies in this case is far too patent not to be seen. But chronic complaints give a test quite unmistakeable and all objections must vanish in the presence of the successful bedside test. And I think you will



agree with me that it is very unwise for the profession to ignore important clinical facts because they bear a particular name. The name was inevitable. Persecution drives its victims together. Had Hahnemann and his followers not been driven out of the ranks of the profession the word Homoeopathist would have been unknown. It is easy now to say that no sectarianism is wanted in medicine. No one belonging to the new school ever favored it, it was forced upon them; and while I cordially grasp the hand now extended and reciprocate the desire to close the chronic solution of continuity, it cannot be by withdrawing one particle of the truth. It cannot be by using or affecting to use a mode of treatment which would appear to give the lie to my positive knowledge of the right and make me feel guilty of human blood. When you are in possession of the clinical facts of the new school you will then know why its practitioners are so incorrigible in their opposition to the ordinary treatment but not before.

Do you say that you are afraid to trust to the new practice I reply that the matter has past the domain of experiment long ago. What is being done daily, hourly, by so many thousands of physicians may be done by you. What is being done in upwards of fifty hospitals might be done in the Vancouver hospital. More than this; in my opinion in face of the evidence confronting them it is criminal for the profession to longer ignore the subject. You may judge of my feelings all through these years as I constantly observed the efficacy of remedies which the great mass of the profession derided. Alas for poor humanity, no matter how often the lesson to the contrary is taught the same stereotyped deportment towards innovators and innovations is observed. It insists in confounding current sentiment with truth. The medical profession, while admitting that heretofore it has been pretty uniformly wrong, affirms that its present pet theory is right. However I presume the doctor has unconsciously served a useful purpose in the economy of Nature as a repressor of redundant populations. I suggest this by way of consolation.

It would, I think, be an improvement on the attitude of the profession generally to inform themselves in the premises before taking any decided stand against the practice named



homœopathic. A decent regard for their own credit should have suggested this long ago. Time has proved that at least one part of the conduct of Hahenmann was justified, viz: his condemnation of the medical practice of his generation. Think of the profuse bleedings, the drenches, the salivations measured by the pint or quart, and other barbarisms you must well know of. A practice not murderous, but only because it lacked the "malice aforethought." And the moral influence of his doctrines in abating these frightful abuses and bringing about the present comparatively mild procedures is I think, rightfully claimed. That he pointed to the better way so far as many omissions is concerned is thus implied, and it only remains for you to ascertain whether the system of treatment he proposed sheds light at last on the darkness which more than two thousand years only served to increase. The practical test properly made will give you positive and favorable opinions on that issue.

We should not forget that it takes only a very small amount of cerebral power to follow suit in decrying every departure from common usage. One of the peculiarities of the human animal is to drum into his fellows certain opinions and to warn against hearing the other side of the matter. The world is full of illustrations and full too of dupes in consequence. And so it is that sentiment has been industriously cultivated in the medical profession against Hahnemann and his doctrines, and by those too who know nothing practically about him or them, and this with almost the same breath that they bemoan the shortcomings of their own practice and of medicine as they know it in general. One and all parts of mankind are engaged, quite unconsciously, in deceiving one another and themselves. And so amenable is the human animal to the process that with light shining all around him he will not see it. Now I am not going to quarrel with him for what he cannot help; but it is well occasionally to bear the fact in mind.

It augurs well for the future, this coming together and reasoning with one another by the physicians of the two schools. It is true the question is not one of the reason, but of fact, but personal acquaintance has a mollifying effect which paves the way for something more.



I will conclude by quoting a few sentences on the subject by Dr. Combe, the physiologist and phrenologist. Referring to Sir John Forbes' masterly and famous article in the *Medico Chirurgical Review* (1846), on "Homœopathy, Allopathy and Young Physic," which will continue to be read for many generations, he said in a letter to him:

"I am very glad that you have brought the question of its truth and merits seriously before your readers, for of all methods of advancing the interests of science, that which consists in the supercilious neglect of alleged new discoveries merely on the ground that they differ from what is known, or rather from what is supposed to be known, is assuredly the worst. \* \* \*

"We know far too little of the constitution of Nature to be able to decide *a priori* what can or cannot be true regarding the mode in which vital operations are conducted, or in which they may be modified by external influences. \* \* \* Medicine, considered as a system or body of doctrine, is still in a very defective state. \* \* \*

"Ridicule and declamation may rightfully be employed to explode errors after they shall have been proven to be so, but they are the most unfit instruments for the primary investigation of truth. \* \* \*

"Had Harvey's detractors examined his facts first, and then given their verdict, how different would the results have been to themselves, to him, and to mankind! And yet, in our own day, the profession acted towards Jenner, and also towards Gall, as if Harvey's name and memory had been blotted from the page of history." To the names of Gall and Jenner I would add that of Hahnemann.

Commence with the facts, gentlemen, and first of all with the fact that I am addressing you at all. It indicates a change in sentiment in the profession which will never stop till the truth is reached and practical medicine regenerated.

Every doctor in the city was present excepting one. They listened attentively and with great interest, and passed a vote of thanks. The discussion which followed was rather to learn more than to criticise. Complaint was made that I had given so little in regard to the new practice. I stated that



it was in accordance with my plan to keep the theory in the background until they were acquainted with the facts—with the curative actions of the remedies. This, I reiterated, was the short and decisive course to pursue. I was ready, I repeated, to assist them. I urged that it was a very easy matter to convince themselves if they went about it in the right way. They wanted the paper to place in the archives of the society. The next day I met several of them in the city hospital. I did not make any prescriptions, but will likely do so ere long.

So ends the first chapter.

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## IS IT POSSIBLE TO ERECT A HIGHER STANDARD OF MEDICAL KNOWLEDGE IN THIS AGE?

BY S. S. GUY, M. D., SAN FRANCISCO.

### IV.

At the close of our last paper on this subject we indicated a desire and a hope that we might be able to reflect, even if but just a little, some light upon the sphere of action in which the higher plan of the mind operates. And we also hope to show, or at least to indicate, some of its relations to a still *higher* actuating and causal power. But we will first consider of it as if in itself it were a cause.

Look within your own differentiated self first of all and what do you find there? Hold yourself still, if possible and reflect calmly upon the situation. Turn your thinking-machine with its largest reflector upon this wonderful *Microcosm*. At first it seems almost a blank, a barren waste. Hold your instrument firmly and steadily to its work and presently you will discover a movement, images will begin to appear and to be reflected upon this magic mirror. Whence come they! Are you conscious of any power within your self which is sufficient to produce them? Many of them are wierd and only partially defined. Continue to look steadily and undeviatingly and they become more and more defined, and gradually take on clearer forms, and you begin to become able to make them out. Still, many of them are not familiar forms, and you wonder whence they came and why



they thus appear. You ransack your memory, this strange but conscious faculty of your mental machine, and endeavor to recall some analogy or correspondential similitude. You call upon another conscious faculty and commence the work of comparing, that mayhap you may be able to discover some definite relation between the things the imagination presents upon your mirror and the things you recollect from the memory.

Do you succeed? Sometimes, but not always. Why not always? Because you perceive there is an element of confusion, which continually begets uncertainty, and throws doubt over the results of your scrutiny. This arises from a conflict between the natural and spiritual memories. There is a struggle as to which shall preponderate in the effort to call up the things that shall explain the magic pictures. You clearly perceive the conflict, but not having a true key to the enigma involved, you are unable to determine it, and thus are still left in a certain degree of confusion, and after a longer or shorter struggle you give it up in despair and declare yourself more an agnostic than ever. Is this a true picture? If so, what shall we do? Shall we also give over the struggle in despair of ever being able to throw any light upon this labyrinthine maze which has ever so confused the mind of man? No, let us continue to strive quietly yet persistently in the direction of the ever unfolding light, for the power behind the throne is greater than the throne.

Man has five natural senses through which alone he takes cognizance of external, natural and physical things. He has a natural degree of the *mens* which *alone* can take cognizance of external-natural and material things. This as repeatedly stated, is but the lower plane of his mind, and had it no higher plane it would perish or die with the animal, as it has no field of use except in this relation and hence is but mortal. It is evidently but the part which was intended only for a comparatively ephemeral use, and when that is performed all that is vital in it is transformed and united to another kingdom of uses to which it is applicable, and thus its relation to that which is merely natural ends.

If this be true, it will readily appear that one of two things results.



Man dies like the animal and resolves back to dust, or he is more than an animal and there inheres in him the elemental principles of immortality. Which horn of the dilemma shall we take?

All that has been said above we think justifies us in taking that which leads to immortality.

But, having *apparently* digressed so far from our legitimate field of inquiry, you will naturally begin to inquire wherein consists the relativity of all this to the question which we set out to discuss. But, if the kind reader will allow us our latitude and be reasonably patient, we will try in the end to show him that it has the strongest congenital relations to the subject under consideration. For, in order that a conclusion should approximate chrystalization, the subject of it must be presented from as many points of view as possible. Indeed, so much is involved in the true art of healing that we feel justified in ranging over the whole field of science and philosophy, if so be, that we might shed even a little light upon this hitherto benighted subject, and thus strive to save the so-called science of medicine from utter contempt and final oblivion. For unless radically reformed it deserves the latter fate. But it must and will be reformed, not only, but in the light of these latter days, a true science of medicine or healing will take the place, by substitution of the false and effete theories that have to a great extent thus far, like a false beacon upon a rocky coast, beguiled millions of hapless victims to an untimely fate. This may seem very radical in expression, but I think the history of medicine in its practical outworkings will warrant the full strength and force of the statement.

This is the age for radical progress in all that relates to the welfare of man, and the time has fully come when all who feel the inspiration of the hour should cry aloud and spare not. The axe should be laid at the root of the tree, and men should hue to the line and go down to the bottom soundings of the plummet. But let not the cry be a mere senseless sound, nor the thought expressed a merely empty vamping. Let it eschew self laudation and have only *use* for an end. Then it will become the arm of Jove and the citadel of error and falsity will totter to its overthrow.



If man then, in his essential being is immortal, and that immortality consists of, or inheres in certain elemental principles and persistent relations derived from a source beyond above and independent of the natural plane of his life and being; if all the powers and qualities of his mental and moral life, and all that distinguishes him from the brute is thence specially derived, *par necessitate*, we must look to that source for an explanation and the unravelment of all the varied and multifarious phenomena in the evolution and development of being and life in the world which we inhabit.

First, and above all then, we must treat of or consider in an especial manner, that part of man which is capable of cognizing his relationship to this primal source of life and power, and which also at the same time gives him cognition of his medial relations to those things below over which he is given a certain power and control.

We have designated this as the *anima* or spirit and shall consider it as the king or ruler, sitting as it were upon a throne in some central part of his kingdom where he can best govern and control all that is legitimately subordinate to him in the realm over which he presides. The first and immediately central province of his kingdom is the human body and all that in anyway pertains to it.

Having thus posited this central power of the human as an isolated entity, and as having no physical parts, how shall we proceed in order to erect a kingdom over which he is to rule.

We have already assumed, as scientifically demonstrated, that the order of creation in nature has been and is, from lowest things to highest, from simple to complex, by an orderly process of evolution through countless ages. We shall also assume as a corollary that the animal creations proceeded according to this order, and finally reached a state or condition of development of physical parts, beyond which on that particular plan it was impossible for it to progress. This not being the *ultima thule* intended to be reached by the creator it became necessary that a discrete and radical step higher should be taken. And God said, "Let us make man in our image, and after our likeness." From this it would seem that the previously created and developed ani-



mal had not in any high sense, the image and likeness of the creating power.

But the time had now come when it was possible to begin the climacteric movement in creation upon this planet. The human being was to be the cap stone and finish of definitive creations upon this earth. How then should this supreme event be conducted and carried out? How should the Glory of the Creator be made manifest in this crowning act and the process be made to appear as in harmony with all that had preceded it when looked at through the *rational faculty* which was to distinguish man from the brute?

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## OPHTHALMOLOGY AND OTOTOLOGY

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DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

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### COCAINE.

Cocaine, like so many of its antecedent remedial idols, received unstinted praise at the beginning of its career, and was announced as a universal local anæsthetic, applicable to, and equally efficient in all parts of the human economy, with absolutely no objectionable traits. As an application to mucous surfaces it was soon demonstrated that its usefulness was limited to the ocular conjunctiva, and that on all other surfaces, with the exception of the aural meatus, upon which it has a limited and very transient effect, it is worthless. It is already beginning to share the fate of all mundane idols, and while its anæsthetic properties are undeniable, like all agents of this class thus far discovered, it is not without its accompanying danger. Dr. Baracz reports in "The Wien. Med. Wochensch," four cases of poisoning from the local use of cocaine, and claims in the same article, that poisoning may result to persons in good health, and free from cardiac disease, from the hypodermic use of only one decigramme of the drug. He furthermore says, that in all the four cases recorded, examination of the heart gave



negative results. In three instances in my own practice have I witnessed syncope from the application of cocaine to the ocular conjunctiva, twice it followed the application immediately, and once occurred an hour after the administration of the anæsthetic.

I have never seen this result from the hypodermic use of the drug in my own hands, having used it much less frequently in this form, but would very much like to know the experience of our own physicians upon this point. In some recent publication, the statement was made that cocaine produced various forms of hyperplasia when applied to the ocular conjunctiva. Soon after the commencement of its use in operations involving this membrane, notably the removal of pterygium, no matter how carefully and smoothly the operation might be performed, I was annoyed by the appearance at some point on the course of the sutures, (oftenest near the caruncula, if the incision was near that body,) of spongy proliferations, persistantly returning after excission, and only succumbing to the use of lunar caustic. Is the writer's experience peculiar in this respect, or is it shared by his colleagues, and if so, have they found any remedy for this annoying feature of the drug? F.

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## Colleges, Hospitals and Societies.

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### LOS ANGELES COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Los Angeles, January 12, 1889.

EDITORS CALIFORNIA HOMŒOPATH—A meeting of the Los Angeles County Homœopathic Medical Society was held January 9th, 1889. The time was occupied by the annual election of officers and the discussion of a Fee Bill, which was adopted. The following officers were elected for 1889. President, J. Mills Boal; Vice-President, S. S. Salisbury; Secretary, E. P. Mitchell; Treasurer, J. W. Reynolds. During the past year the society has been in a state of innocuous desue-



tude, but new life has been put into it by the infusion of new blood, about fifteen new members having joined within the past two months, giving promise of an interesting and instructive year of work. E. P. MITCHELL.

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### AMERICAN INSTITUTE.

EDITORS CALIFORNIA HOMŒOPATH—The forty-second annual session of the American Institute of Homœopathy will be held at Hotel Lafayette, Lake Minnetonka, a few miles from the twin cities, St. Paul and Minneapolis, Minn., beginning Monday evening, June —, and continuing “until Friday night,” June, 1889. Details of the arrangements will, from time to time, be furnished to the Homœopathic journals for publication. The proper committees are actively engaged in securing such arrangements as will assure the success of the convention and the enjoyment and advantage of those who will attend it. The Local Committee of Arrangements and other resident physicians of Minnesota are planning to secure the attendance of as large a number of lady friends of the Institute members as possible.

The especial object of this notice is to direct the attention of the Institute, and especially of bureau members and committeemen to the fact that one-half of the year allowed for preparation has already expired. While some of the bureaux and committees have fully matured their plans, and many of their members have their work well under way, the preparatory labors of others are not yet begun. Thus far the Secretary has received reports of progress from bureaux and committees, in effect as follows:

The Bureau of Materia Medica reports that some of the members have held conference meetings and are engaged in preparing materials illustrating the pathogenesis of iodine and its salts. Others have promised important literary contributions to the same subject.

The Bureau of Gynæcology is preparing four papers on urethritis and cystitis, (in the female) and has selected a member to open the discussion on each paper. The Chairman requests a general discussion, based on professional



experience, and says, "Everything justifies the hope of a full and good report."

The Bureau of Psychological Medicine will report on, "Agents for the Creation and Development of Will-power;" and expect to present at least nine papers on various subdivisions of this topic. Some of these papers are now in preparation.

The Bureau of Obstetrics is engaged upon the general subject of Puerperal Complications. Several members of the bureau are already at work upon their assigned subdivisions.

The Directors of Provings have adopted as their work for the year, critical analyses of the provings presented at the last session; and for this purpose a set of rules has been elaborated under which the members of the committee will determine the value of such provings, each member applying the rules according to his own convenience.

Certain other bureaux are also engaged in the preparation of their essays. Though formal reports of progress have not yet been received; and the same is true of some of the more important committees. Still, other bureaux, it is known, have not yet completed the preliminary portion of their annual labors. As information is received from them it will be sent to such journals as their authors might select, thus securing their wider publicity, yet, without interfering with the prompt publication of the transactions.

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As a further announcement respecting the Institute session of 1889, I have to report as follows:

The bureau of Surgery has received assurances of aid from a number of our distinguished surgeons, and will present a series of papers on "Surgery of the Brain," including Cerebral Localization: Symptoms of Cerebral Tumor—its Diagnosis and Treatment; Abscess; Gunshot Wounds; Tumors of the Dura Mater; Compound and Depressed Fractures; Epilepsy from Fractures, and Indications for Trephining.

The Bureau of Paedology has promise of active aid from several co-workers in that department, and is encouraged



with prospects of a good report on Preventive Medicine in Paedology.

The Bureau of Obstetrics is engaged on a report which will embrace nine papers relating to Puerperal Complications. All these papers are to be the work of well known obstetricians.

Encouraging reports are being received from individual members of the Bureaux of Clinical Medicine, Sanitary Science, Ophthalmology, and Gynæcology.

The Committee on Medical Education will present a careful report, embodying the views and suggestions of its various members. There will be no separate papers.

Notice also is given that as the chairman of the Committee on Pharmacy has resigned, involving, also, his withdrawal from the Committee on Organization of Provers' Clubs, the President has appointed as chairmen of these committees, Drs. T. F. Allen, of New York, on the former, and C. Wesselhoeft, of Boston, on the latter. Those having business with these committees should note the change.

Respectfully,

PEMBERTON DUDLEY, General Secretary.

S. W. cor. 15th and Master streets, Philadelphia.

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#### COLLEGE ANNOUNCEMENT.

The sixth Annual College Announcement is out, and in its get-up and appearance is a decided improvement over former ones. But few changes are noticed in regard to the faculty. Dr. C. W. Bronson of San Jose is the new lecturer on chemistry; otherwise the faculty is unchanged. The alumni list is getting longer each year and their influence is beginning to be felt. The class of 1889 promises to be a large one. Those not receiving a copy of the Announcement should at once address the Registrar,

W. A. DEWEY, M. D.

834 Sutter street, San Francisco.

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*Calc. Phos.* Dr. Cooper recommends this remedy for posterior nasal growths, adenoid in character; he uses the 1x.



## CLINICAL ITEMS.

## TISSUE REMEDY NOTES.

*Ferrum phosphor.*—Diarrhoea in children. Stools watery; mucus, green and frequent; child rolls its head and groans; face pinched; eyes half opened; urine scanty; pulse and respiration quickened; starting in sleep; stools undigested; the skin is hot and dry and there is thirst; dentition.

*Magnes. phos.*—Menstrual colic. Pains radiate from spine; relieved by warm clothing and pressure; aggravated by cold; *magnes. phos. c. m.* benefited.—*Kent.*

*Kali phos. in sub acute laryngitis*—Dr. J. A. Biegler reports in the Tr. I. H. A., '88, a case of sub acute laryngitis cured by *kali phos. 30.* The indications not being clear, the prescription was given "as a forlorn hope" because the case came late under treatment with weakness; pale bluish face, etc; speech slow, becoming inarticulate; creeping paralysis, and because Granvogl says: "We know that the oxydation processes, the change of gases in the respiration and other chemical transformation in the blood is brought about by the presence of *kali phos.*"

*Calc. phos.* is almost an infallible remedy for excessive accumulation of gas in the stomach.—*Foster.*

*Kali phos. in dysmenorrhœa*—Dr. D. B. Whittier reports the cure of a dysmenorrhœa of fifteen years' standing (in a highly neurotic and hysterical woman) by a course of *kali phosphoricum* continuing over six months, after allopathic medicines, and apparently indicated homœopathic medicines, had failed. Some of the symptoms were: the mammæ were so painful that the touch of her clothing was unbearable. The menstrual pains were cramp-like, with severe bearing-down in the hypogastrium, and most severe after the flow commenced. When the suffering was most intense, a sharp, shooting pain would extend from the hypogastrium to the epigastrium, followed by a sensation as if something were flowing up to the stomach, and immediately succeeded by



a vomiting of bile or frothy acid substances, sometimes streaked with blood. The vomiting would relieve the painful distress of the stomach, when the uterine pains would be increased, and sometimes continue for twenty-four hours. A headache, at first general, soon settled over the left eye. When the headache was severe, the pains elsewhere were lessened, and *vice versa*. The first menstrual period following the administration of the *kali phosphoricum* was comparatively comfortable.—*Hom. Journal of Obstetrics*, November.

*Ferr. Phos. and Kali Sulph. in Lobular Pneumonia*—Dr. A. L. Fisher quickly relieved a child of lobular pneumonia, with high temperature, with *ferrum phosphoricum*. *Kali sulphuricum*, given on account of thick, yellowish expectoration, speedily cured the case.—*Hom. Journal of Obstetrics*, November.

*Acetum Lobelia Inflata*—In the December number of the *Monthly Homœopathic Review*, Dr. N. T. Cooper claims that the acetum lobelia inflata is a far more reliable preparation than the alcoholic tinctura lobelia. While in former years he never prescribed it with that success that its provings led him to anticipate there is now just the reverse the case, and now it is to him one of the most valued antipsoric polychrests. We refer our readers to the *Review* for particulars. It is an essay worth reading and to act upon. S. L.

*Eucalyptus Globulus*—Internally, *eucalyptus* has a specific relation to the urinary organs. This is especially true of irritability of the bladder. It was used with success in the following case, reported in the lady's own words, by Dr. H. A. Foster: "I am quite free from distress and able to work the early part of the day, but about three o'clock in the afternoon the 'ache' begins; there is a constant desire to pass water, and a strained, protruding feeling at the neck of the bladder; then follows a fearful itching, scalding, aching sensation which well-nigh drives me frantic. \* \* \* After a time of suffering, which is exhausting, the distress subsides. I can eat heartily, but so bruised and beaten do I feel that I can only take the edge of a chair for rest. I have such a time, also, every night, being obliged to get up every few



minutes to pass a few drops of water, and the passage is often agonizing. There seems to be about the same quantity, though at times it is strong and high-colored." Following the administration of the remedy, she writes of its success: "I have found out the benefits of eucalyptus in my case. Its relief came most opportunely, for I don't know how I could much longer have endured the terrible strain of the bladder difficulty, and I am so happy to find a balm for that," etc. Dr. Phil. Porter cautions that the best results are only to be obtained by the use of eucalyptol obtained from *eucalyptus globulus*, not that from *eucalyptus amygdalina*. The spurious oil is recognized by its lemon-like odor, by its imperfect solubility in alcohol, and by its low specific gravity (about 0.881 at 15° C (59° F.)) The genuine oil is wholly soluble in strong alcohol, has the characteristic odor of *eucalyptus globulus*, and a specific gravity of .91 to .92 at 15° C.—*Hom. Journal of Obstetrics*.

*Urethan in Infant Practice*—As a simple sedative, it was given to children from one to three years old in single doses of O. 1 to O. 3, and daily dose of O. 5 grammes. For producing the real hypnotic effect, the smallest dose for the ages of twelve to eighteen months was O. 25; for ages two to three years, O. 5 grammes. For older children, the hypnotic dose was 1 gramme.

The *Urethan* was mostly administered in sweetened water, likewise very eligible in infant eclampsy. *N. Y. Med. Times*.

*Lycopod*—Boils in and about axillae; scurfy, itching, moist herpetic eruption; pus continues to discharge from boils for an unusually long time; they no sooner heal than fresh ones appear.—*Hom. Phys.*

*Lycopus virg.*—Cough with hæmoptysis, and feel weak heart action; sleeps violent in evening and night without waking; renewed by cold; expectoration pale, sweetish, unpleasant, at times difficult.—*Hom. Phys.*

*Eupator. arom.*, 1x is a specific for thrush.—*Era.*



PROF. EICHHORST gives the results of his observations in cardiac remedies.

*Digitalis* and *Strophantus* both contract the heart in the same manner, but *digitalis* acts more rapidly and with more certainty, but *strophantus* is superior where a long continued action is required, inasmuch as it does not develop cumulative effects.

*Sparteïn Sulphate* has a weak action on the heart and no action on the renal functions.

*Caffeïn* has still less action on the heart, but is an excellent diuretic.

*Adonis* and *Convalaria* are unreliable in their effects upon the heart and kidneys, and often cause nausea and vomiting. —*N. Y. Med. Times.*

*Strophantus*, in doses of five to ten drops, almost doubles the daily quantity of urine voided, its action lasting long after the drug has been discontinued. —*Dr. Lemoine.*

*In the Treatment of Eczema* remember it is a nerve reflex. Zinc, 3x, three times a day, also, cuprum and aurum will cure these conditions. Local application of starch-water is one of the most soothing for the itching. It may also be used as a bath. —*J. H. Smith, (Med. Era.)*

*Mercur.* is the only remedy that has a moist tongue and great thirst.

*Pulsatilla* is suitable for a ripe cold; yellowish greenish discharge. Never give puls. at the commencement of a cold.

*Sepia* is the remedy *par excellence* for chronic bronchitis when there are uterine complications.

*Lobelia inflata*, according to an excellent paper by Dr. R. T. Cooper in the *Monthly Homœopathic Review* seems a neglected remedy. He prefers the *acetum lobelia infl.* He found it to have an influence in tubercular meningitis and mesenteric diseases of childhood. *It has a marked relation-*



ship to suppressed discharges, far superior to sulphur, in constantly recurring earaches, and in deafness that is due to suppressed otorrhœa. Deafness due to suppression of an eczema.

*Lobelia coerulea* has a stronger effect upon the mucous membrane of the post-nasal region than any other remedy. The head, eyes, nose, mouth, throat symptoms form a perfect picture of a sneezing influenza or catarrhal affection. *Pain in chest under short ribs of left side.*

*Ferrum phos.* Had Schuessler done nothing more than to place this remedy in its proper position in therapeutics, he might be assured of a memorial monument more enduring than marble.

In acute inflammatory affections of the respiratory tract, it has, in my hands, done wonders. For instance, when during the course of bronchitis or pneumonia, with temperature moderate, say 100 or 102, there is a sudden rise of fever and increase of pain or cough, here is just the place for *ferr. ph.* In capillary bronchitis, to which this remedy corresponds more closely perhaps, than any other remedy, I have seen the most striking results.

*Magnes phos.* I have never seen beneficial results from its use in neuralgias where cold applications ameliorated, so that I have come to look upon such a condition as contraindicating this remedy.

In colicky babies where day after day they cry with colic half the time; where nutrition does not seem interfered with this remedy proves rapidly curative; not palliative merely, but correcting the morbid action on which the colic lives. It is in typical facial neuralgias however that I find this remedy oftenest curative. The subjects are generally strong and otherwise well, when exposure or some other exciting cause sets the pain going.—*Ex.*

*The Journal des Soc. Scient.*, November 25, 1888, gives among remedies affecting the biliary secretion the following, which may be of some interest to those who employ the tissue remedies: sulphate of sodium and chloride of sodium



only cause a slight or doubtful increase. Phosphate of sodium has no action on the biliary secretion.

*Bile* is the most powerful cholagogue. It quickly increases the biliary secretion.

*Kali. sulph.* in old gonorrhœas; thick yellow discharge, (no stricture;) also in otorrhœa with foul smelling, yellow discharge.—*A. D. Fisher, Elkhart, Ind.*

*Caladium*, a drug similar to *Lycopodium*; symptoms better after sleep; patient wants to lie down, still patient fears to go to sleep; genitals relaxed and itching. Dr. Porter finds it useful in sterility, low spirits, forgetfulness; bad effects of sexual excesses. In women who have borne children rapidly, when the entire system is exhausted.—*Journal of Obstetrics.*

*Sulfonal* is the newest hypnotic. Discovered by Prof. Baumann, of the University of Freiburg, who claims that it is destined to fill a most important place among the few well tried drugs for the direct relief of pain and insomnia. Has no smell or taste. Dose, 15 to 20 grains.—*N. Y. Medical Times.*

*Sanguin. nit.* Cold, bronchial disease and with a sense of fullness in the upper part of the thorax and a seeming difficulty in drawing a full inspiration. It is an admirable remedy in asthenic bronchitis and humid asthma. A sense of burning and constriction of the throat. It is a valuable remedy in diseases of the stomach and upper intestinal canal, with increased secretion of mucus.

*Sticta.* The special symptoms indicating it, is pain in the shoulders (usually the right) extending up the neck to the occiput; with this pain marked, it has seemed to me it would cure anything. Cough when there is this pain and pain in the chest.

*Eryngium.* Burning pain with tenesmus in bladder and urethra. One of the most certain remedies in diseases of the bladder, urethra and prostrate glands.



# The California Homœopath.

A MONTHLY JOURNAL,

Devoted to the cause of Homœopathy on the Pacific Coast. The only Homœopathic Medical Journal west of the Rocky Mountains.

EDITORS. - - WM. BOERICKE, M. D. and W. A. DEWEY, M. D.

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THE CALIFORNIA HOMOEOPATH, No. 234 Sutter St., San Francisco, Cal.

## EDITORIAL NOTES.

DETROIT, Mich., is in possession of a magnificent Homœopathic Hospital. Some time ago two prominent men donated \$225,000 for the purpose of erecting and endowing the same, while the site valued at \$25,000 came as a donation from another gentleman. An account of the opening of the institution appears in the last number of the *Medical Advance*, and we note the interesting fact that on the second and third floors are four large wards each, and twenty-four private rooms, seventeen of which have been furnished by the wives and daughters of prominent homœopathists of Detroit at their own expense. There has been a great deal of enthusiasm shown by the ladies of Detroit, and they can now boast of one of the finest Homœopathic Hospitals in the world, indeed, it is acknowledged to be the best equipped and arranged hospital in the country.



At the same time we wish to call attention to the new Homœopathic Hospital at Rochester, N.Y., that is about to be established, and for which a large sum has been subscribed by some of the wealthiest and most influential citizens of Rochester. Their enthusiastic efforts are heartily supported by the members of the Monroe County Homœopathic Medical Society "who are united, to a man, to further the enterprise."

Now, why cannot San Francisco follow the lead of these cities, who are simply doing what Philadelphia, New York, Pittsburg, Oakland and other cities have done before. We ought to have a Homœopathic Hospital, as finely equipped, as magnificent, as truly representative of the present remarkably prosperous condition of homœopathy, as any other city can boast of. That our efforts heretofore have been but partially successful is on account of the lack of co-operation between the laity and profession, or rather in the lack of harmony in the latter. Cannot personal aims and ambition be subordinated to the general good of the cause? If we fail in this, the good work will simply be postponed, for success will come, and others more worthy will win the merited reward. But we do believe that with wise management and sole devotion to the cause, the present Ladies' Aid Association has it in its power to realize for us all that the most enthusiastic homœopathist can wish; and we hope that every homœopathic physician on the Coast, and especially in San Francisco, will co-operate with this organization, which has displayed, so far, untiring energy and in the main well directed enthusiasm for the attainment of its object.

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It may not be amiss to briefly recall to our readers some facts regarding the history of this Association. About one year ago, some two hundred and fifty written appeals were sent by the wife of one of our homœopathic physicians to prominent ladies whose names were furnished her, not always without reluctance, by the homœopathic physicians of this city. These appeals invited the co-operation of those interested in the good work of establishing a Homœopathic hospital, and requested them to meet for organization. To these two hundred and fifty appeals, *five* (5) responded, and be it said to their credit, these five organized themselves into a Ladies'



Homœopathic Hospital Aid Association, there being barely enough of them to fill the offices required for such an organization. A second appeal was soon sent out which succeeded in attracting two more, making seven (7) in all—not a very promising outlook. This was the nucleus. One year has passed since this praiseworthy effort met with such a chilling result. What do we find to-day? The Ladies' Hospital-Aid Association numbers one hundred and fifty members, and of the most influential families of the city, and this number constantly increasing. They have received a present from Mr. Adolph Sutro of an acre of ground favorably located for the erection of a hospital, with a further promise of \$2500 from the same source. They have a bank account of nearly \$3000 to their credit, proceeds of two entertainments given by these indefatigable workers.

We dare not predict what they will do in the future, but one thing is certain, that their enthusiasm is on the increase, and that in less than five years, we shall have at least a \$50,000 hospital, which will not only be an honor to homœopathy and the Ladies' Hospital Aid Association, but a monument of which San Francisco may well be proud.

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A CHILDREN'S free ward is to be established as one of the important features of the hospital, and it is to be hoped that the wives and daughters of our prominent adherents will emulate their Detroit sistren, and aid and encourage the members of the Aid Association by founding and furnishing free beds for this ward. It is an act of charity which will go down to posterity. Remember that founding a free bed is the next best thing after founding a hospital.

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OUR Physicians should interest themselves and their patrons in this institution. Let no opportunity pass, by which you can bring it to the notice of the latter without embracing it. Remember that Oakland has a fine homœopathic hospital—the finest west of the Mississippi river—and we should not allow Oakland to bear the palm always, much as we love her. Let us keep the ball rolling now that it has been so favorably started by the members of the Ladies' Aid Association.



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## Personal Notes, Locations, Etc.

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DR. C. S. INGERSOLL, of Portland Oregon, recently paid us a flying visit.

S. E. BAILEY, M. D., has located in San Diego, Cal., No. 1060 Eleventh street.

DR. E. W. CHARLES; has removed from Nevada City and located in San Francisco.

DR. T. M. DILLINGHAM has removed from Boston, Mass., to 46 West 36th street, New York.

DR. GEORGE H. PALMER has removed his office to 111 Powell street. Hours, 1 to 3 P. M.

DR. T. B. ROBINSON, graduate of Hahnemann Medical College, Philadelphia, 1881, intends to locate in Santa Barbara.

DR. CHARLES L. TISDALE, of Alameda, is one of the Medical Examiners of the Royal Arcanum—a very worthy appointment.

LACONNOR, Washington Territory, offers a fine field for a Homœopathic physician. There is no Homœopathic physician in the county.

DR. E. S. BREYFOGLE is going to take to himself a wife, *on dit*, and locate in Louisville, Ky. His numerous friends and patients here will regret his permanent removal.

DR. A. RAMSEYER, of Paris, Idaho, offers for sale a neat collection of the "Allgemeine Homœopatische Zeitung." Any one wishing the same, please address the Doctor.

DR. CAPPS, of Watsonville, has taken DR. CHAPMAN, formerly of Forest Hill, into partnership. A good team.

THEY say the Boston University School of Medicine has a journal. We wonder if this is not a false report. Furthermore, we wonder who the business manager of this phantom journal is.

PHIL. PORTER, M. D., the well-known editor of the *Homœopathic Journal of Obstetrics*, has changed his field of practice to Cincinnati. He will go to San Diego for a few weeks, then resume practice at his new home.

THE SOUTHERN JOURNAL OF HOMŒOPATHY has at last found a permanent home. DR. C. E. FISHER, its able editor, on account of removal from Texas,



has sold the journal to DR. GEO. C. CLIFFORD, of San Antonio, from which place it is to appear monthly, and we hope with more regularity than it has for the past two or three years.

DR. THOS. NICHOL, the popular Homœopathist of Montreal, Canada, would like to have Vol. II, of the CALIFORNIA HOMŒOPATH. If any of our readers run across any number of Vol. II, they will confer a great favor on us by mailing to our office.

THE Secretary of the Board of Examiners of the California State Homœopathic Medical Society wishes to express his appreciation of the courtesy of Drs. PARKINSON and BRIGGS, of Sacramento, during his official visit to that city with the other Secretaries of the Examining Boards, and hopes to have the opportunity to reciprocate some time.

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## BOOK REVIEWS.

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**Headache and Its Materia Medica.** By B. F. UNDERWOOD, M. D. New York: C. L. Chatterton & Co., 1889.

Thanks to this industrious publishing house, our first installment for 1889 and may many a good work follow with good paper and large print, for the poor doctor needs his eyes for many a purpose.

But what shall we say of the book? No table of contents, no index, and when the wearied practitioner looks for a remedy where shall he find it, as the remedies are not given in alphabetical order, and what rules can be applied to find the remedy. The well arranged repertory does not help us out; and all this grunt might have been obviated by an index, which would not have taken two hours to write out. Somehow we always feel provoked when a work on Therapeutics does not begin with Aconite and end with Zincum. Remedies which Dr. Underwood considers of primary importance are given in full and *con amore*, while others, especially in the latter part of the work, are passed off with a few lines; and still these step-children may hold the keynote for a cure. Taken all-in-all, the symptoms are well collated, and no fault can be found when once in a while one is omitted. We thank the author for the repertory, for thus the selection of the drug will become quite easy, and we intend to make an index to the book for our own use. S. L.

**The Case of Emperor Frederic III.** Full official report by the German physicians and Sir MORRELL MACKENZIE. 276 pages; price, 75 cents. New York: E. S. Werner, 48 University Place.

This little work is an excellent review of the celebrated case, and contains all of the official reports, and embodying Mackenzie's reply to the scandalous attack upon him by the German physicians. It is full of interest, and teaches an important lesson in the treatment of laryngeal tumors; *i. e.*, the less meddled with the better for the patient. It seems to us that the correct way to



look at this case is this: That a simple swelling, benign in character, appeared from over-use of the voice. Dr. Gerhardt tried to get it, and commenced an irritation, which was continued until the tumor from being benign at first, changed its character and became malignant, causing the death of the illustrious patient. In other words, Gerhardt started the trouble by continued cauterizations, proddings and probings. Mackenzie continued the mischief already commenced by proddings and probings, and added thereto lacerations of the growth by continued operations by forceps. Bramann and Von Bergmann then finished up the case by the knife, the canula and its false passage, and the dirty finger—"the surgeons best probe." Now the fight is upon who is to blame: Gerhardt for commencing the trouble, Mackenzie for continuing it, or Von Bergmann for finishing it.

We believe that Mackenzie's tendency was in the proper course, but that he was called too late. We have seen him operate in London, and know that he *could* not have made the mistakes charged upon him by the jealous German physicians. Nevertheless, we believe that had he been still more conservative, Frederic the Noble might have been on the throne to-day.

The book is a neat one, and should have a large sale.

**Transactions of the Homœopathic Medical Society of Ohio.** Delaware, May, 1888.

It is queer we cannot open the transaction of any Homœopathic Society without stumbling on the question of high and low dilutions. We are sorry to see a President of a Society hurling his anathemas against his colleagues, who are sincere in their belief that potencies will act, though their action may not be capable of scientific (?) demonstration. Why should a *cure* be decried and considered absurd for such a flimsy reason. Just to show this president's absurdity, there we read, page 127, cases reported by Dr. Waddell cured by high potencies. Of especial interest are cases cured with the Crawley root in the 30th and 200th potency, while Prof. Schneider failed to do something with the same drug in the second decimal. How this worthy President could listen to the splendid article of Drs. York and Eggleston, was a wonder to me. In their psychological researches, they put the immaterial far above the material, and why should not the same hold good in drug action? It is the same old story: to please and explain everything to the old school, but water and oil will not mix.

LILIETHAL.

**Transactions of the Forty-first Session of the A. I. of Homœopathy.**  
Held at Niagara Falls, June 25-29, 1888.

I do not recollect that the A. I. of H. ever issued a volume of transactions which can compare with the present one. It would be money well applied if the Secretary could be empowered to send copies out to all colleges of the old school as well as to the members of the International, so that all may see the progress made in all the branches of Medical Art and Science and that homœopathic physicians are fully the equals of any class of physicians. "Let there be light" in these dark corners and prejudices must give way to the light of truth and of constant progress. Homœopathy is progressing and aggressive, we can afford to stand now on the offensive, having stood long enough on the defensive. When will the American Institute discard the erroneous notion to



confine provers to material doses and to experiments on animals? Thus only a one-sided picture is begotten, of no benefit to anyone, and especially not to homœopathy. Compare these meagre provings with the essays of the psychological bureau (to my mind the Causes bureau) and we must be convinced that we may not understand or be unable to explain the action of remedial power, even acknowledging that *post hoc* is not *propter hoc*, let us take the offensive and frankly acknowledge that where multitudes of genuine cures from reliable and trustworthy physicians have been and are still published, we only urge the old school to follow such example; and I feel sorry that even one fellow of the institute obstinately refuses to make the trial. Reading the essays of the Bureau of Materia Medica the truth dawned upon my dull head that we are too easily gulled and thus errors are copied from one book into another till it is considered prime evidence in spite of being erroneous. Thus, painstaking and studious H. C. Allen, and there are very few better students of Materia Medica, quotes under Sepia, "Menses too early and too profuse." Now where Minton got that hint from I do not know, but our best authorities do not mention it. Critically examined we detected in some other essays some misconstructions, but where there is so much to praise, slight errors are cordially forgiven. Another good point, which runs through most essays, is that the authors insist on totality of symptoms in the selection of the drug, even for gynæological diseases. The world is advancing in the right direction, hygiene and good food first, with or without constitutional treatment, and local palliation will be more and more ostracised. We expected to hear more from our surgeons, from their skillful operations and the application of hom. adjunctia. Show the world what homœopathic surgery means. God bless our American Institute of Homœopathy. Let one and all in brotherly union work for its advancement and the blessings therefrom will return to us manifold.

S. L.

**A Manual of Dietetics for Physicians, Mothers and Nurses.** By W. B. PRITCHARD, M. D. New York: The Dietetic Publishing Co. 1888.

The study of dietetics from a scientific standpoint is of comparatively recent date, and the admirable researches of German physiologists and eminently practical publications of men like Fothergill have led the way for smaller treatises like the present one; but the author gives us more than mere dietetics; he gives a brief outline of the principal diseases and their dietetic management and dwells especially, fully on the infant food question, and very properly so. It is an excellent popular guide containing much that every mother and nurse ought to know, and every physician is daily asked to give. We should have been glad if the publishers had given us larger type, and thereby add much to the appearance of the little volume.

**Headache by its Materia Medica.** By B. F. UNDERWOOD, M. D. New York: A. L. Chatterton & Co. 1889.

All hail to the Chattertonian Publishing House, who gives us the first installment for 1889, and it is a welcome New Year's gift. Dr. Underwood worked out faithfully the materia medica of headache, and culled from every source he could lay his hands on. We are especially pleased with the repository, as it saves a good deal of time in finding out the suitable remedy. We



would have preferred to see the remedies given in alphabetical order, especially as there is no index to the work and though we have polychrest, even the least of a remedy may become the cornerstone to a cure.

**Medical Diagnosis.** A Manual of Clinical Methods. By J. G. BROWN, M. D., Fellow of the Royal College of Physicians, of Edinburgh. Second edition; illustrated. New York: E. B. Treat.

This is the eleventh volume of the popular medical classics issued by this house. It embodies some very excellent and thorough work, with a remarkable clearness, thus furnishing a most desirable clinical manual for students and practitioners. It is by far the most practical book on the subject that we have seen, and we take pleasure in recommending it to our readers.

**Description et Emploi Therapeutique des Duoze Medicaments Bio-chemiques du Dr. Schussler.** Par F. J. ORTH. Professeur. Toulouse. 1889. 2 francs.

This little book professes to be, and is, a complete exposition of the tissue remedies in French, and is the first one that has appeared in that language. We can say that the work is carefully prepared, and, what is not always true of French works, is *up to date*. The arrangement too is a most excellent one, and although its sale in this country will probably be very small, it is a very useful work and will do good work in France.

**Favorite Prescriptions of Distinguished Practitioners,** with Notes on Treatment. By B. W. Palmer, M. D. New York: E. B. Treat, 1888.

This is a compilation from the published writings of men like Fordyce Barker, Bartholow, Flint, Gross, Godell, Fothergill, etc., etc., and is interesting on that account. It is suggestive, too, and may afford useful hints in certain cases. But we surely cannot endorse such a work, if followed blindly, for thereby all individualization of cases would be lost, and names of diseases instead of the patients would be treated. Such a method of treatment does not advance the medical art, or aid to establish a science of therapeutics.

**Transactions of the Homœopathic Medical Society of the State of Michigan.** 17th and 19th Annual Sessions, Detroit: 1888.

This is a welcome addition to the published transactions of our State Societies. Most of the papers have already appeared in our periodical press, and deserve this more permanent form. The Bureau on Materia Medica contains an exhaustive study on *verat. viride*, which is valuable.

**Fourth Annual Report of the Trustees of the Westborough Insane Asylum** for the year 1888. Boston, 1889.

This excellent institution is under Homœopathic treatment—the only one in New England. It has a large and advancing rate of recovery from insanity among its patients, and is thus showing practically the superiority of Homœopathy, especially in the treatment of the insane. The report contains much interesting information about this institution.



**A Practical Treatise on Headache, Neuralgia, Sleep and Its Derangements, and Spinal Irritation.** By J. L. CORNING, M. D. New York: E. B. Treat, 1888.

This is the thirteenth volume of Treat's Medical Classics, and is certainly one of the most attractive and instructive. It includes in its compass some of the most obstinate and frequent affections that the ordinary general practitioner meets with, and any aid here is welcome. And even if the therapeutic light the author gives is limited, it is a pleasure to get a rational explanation of those pains in the head which constitute a large source of misery. If the Homœopathist will supplement this book with Neidhard's Head Symptoms, and Underwood's Headaches, the latter, alas, without index or table of contents or any order in arrangement, he will be in possession of the latest and best that has appeared in this line.

**Wood's Medical and Surgical Monographs.** Vol. I, No. 1. Contents: The Pedigree of Disease, by J. HUTCHINSON, F. R. S. Common Diseases of the Skin, by R. M. SIMON, M. D. Varieties and Treatment of Bronchitis, by Dr. FERRAND. New York: Wm. Wood & Co., Publishers. 1889.

The initial number of this series is an excellent one. Dr. Hutchinson's Pedigree of Disease, although not entirely new to the profession, is alone worth the price of the series, and every Homœopathist especially ought to peruse this philosophical and most valuable brochure. He will find in it much that confirms Hahnemannian teachings.

**Mineral and Thermal Springs of California.** By W. F. McNUTT, M. D. San Francisco: 1888.

This valuable study of the Mineral Springs of California, is reprinted from the Transactions of the International Medical Congress, and fills a void long felt.

**The Misrepresentations of Homœopathy.** By THOS. NICHOL, M. D., L. L. D., D. C. L. Montreal: Drysdale & Co. 1888.

The most convincing and powerful Homœopathic tract published.

**The Preferable Climate of Phthisis;** or the comparative importance of different climatic attributes in the arrest of Chronic Pulmonary Diseases. By CHAS. DENISON, A. M., M. D.

**Addresses at the Inauguration of Horace Davis** as President of the University of California, March 23, 1888.

**Report of the Directors of Provings** of the American Institute of Homœopathy, 1888. By CHARLES MOHR, M. D.

**Drugs and Digestion.** By R. G. ECCLES, M. D. Reprinted from New York Medical Journal.



**Medical Education and Medical Colleges in the United States and Canada. 1765-1886.**

**L'Omoepatia in Italia, Organo del l'istituto omiopatico italiano. Torino, 1888.**

**A Rejoinder to Dr. Hughes. By P. BENDER, M. D. Boston.**

**Below Sea Level, Nature's Pneumatic Cabinet.**

**Illinois State Board of Health, Springfield, Ill.**

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## POPULAR DEPARTMENT.

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### HOW TO AVOID PREMATURE OLD AGE.

Dr. B. W. Richardson says—To avoid premature old age, the following rules are important points to remember: “Grief anticipates age. Dwelling on the inevitable past, forming vain hypotheses as to what might have been if this or that had not been, acquiring a craze for recounting what has occurred, these acts do more harm to future health and effort than many things connected with real calamity. Occupation and new pursuits are the best preventatives for mental shock and bereavement. Hate anticipates age. Hate keeps the heart always at full tension. It gives rise to oppression of the brain and senses. It confuses the whole man. It robs the stomach of nervous power, and digestion being impaired, the failure of life begins at once. Those, therefore, who are born with this passion, and a good many, I fear, are, should give it up. Jealousy anticipates age. The facial expression of jealousy is old age in however a young face it may be cast. Jealousy plays upon and kills the heart. So jealous men are not only unhappy but broken hearted, and live short lives. I have never known a man of jealous nature live anything like a long life or a useful life. The prevention of jealousy is diversion of mind towards useful and unselfish work. Unchastity anticipates age. Every-



thing that interferes with chastity favors vital deterioration, while the grosser departures from chastity, leading to specific and hereditary disease, are certain causes of organic degeneration and premature old age. Thus chastity is preventive of senile decay. Intemperance anticipates age. The more the social causes of mental and physical organic disease are investigated, the more closely the origin of degenerative organic changes leading to premature deterioration and decay are questioned, the more closely does it come out that intemperance, often not suspected by the person himself who is implicated in it, so subtle is its influence, is at the root of the evil. When old age has really commenced, its march towards final decay is best delayed by attention to those rules of conservation by which life is sustained with the least friction and least waste. The prime rules for this purpose are—"To subsist on light but nutritious diet, with milk as the standard, but varied according to the season. To take food in a moderate quantity, four times in the day, including a light meal before going to bed. To clothe warmly but lightly, so that the body may, in all seasons, maintain its equal temperature. To keep the body in fair exercise, and the mind active and cheerful. To maintain an interest in what is going on in the world, and to take part in reasonable labors and pleasures, as though old age were not present. To take plenty of sleep during sleeping hours. To spend nine hours in bed at the least, and to take care during cold weather that the temperature of the bedroom is maintained at 60 degrees Fahr. To avoid passion, excitement, luxury."

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#### NO DRUG TO CURE INSOMNIA.

I have recently met with several cases of insomnia, due to over-taxation of the American nervous system, and have been requested to prescribe some drug that would be effective to produce sleep, and be at the same time harmless.

No such drug exists. There is no medicine capable of quieting to sleep voluntary life that has been working ten hours at high pressure, except to be more or less poisonous.



Consumption of choral, bromine in some form, or opium, has increased in this country to an incredible extent, is still growing, and a large number of Americans go to bed every night more or less under the influence of poison. Sleep thus obtained is not restful nor restorative, and nature sternly exacts her penalties for violated law, more severely in these cases than in most others.

Digestion suffers first; one is rarely hungry for breakfast, and loss of morning appetite is a certain sign of ill health. Increasing nervousness follows, until days become burthens, and poisoned nights the only comfortable parts of life.—*Dr. Hutchinson in American Magazine.*

Never give way to melancholy; resist it steadily, for the habit will encroach. I once gave a lady two-and-twenty receipts against melancholy; one was a bright fire; another to remember all the pleasant things said to her; another, to keep a box of plums on the mantelpiece, and a kettle simmering on the hob. I thought this mere trifling at the moment, but in after-life discovered how true it is that these little pleasures often banish melancholy better than higher and more exalted objects; and that no means ought to be thought too trifling which can oppose it either in ourselves or others.—*Sydney Smith.*

SLEEPLESSNESS, when due to weakness and nervousness, may frequently be overcome by small doses of quinine alone. A good hot (not warm) bath of not over four or five minutes' duration, and 6 or 8 grains of quinine, will generally produce a sound sleep under almost any circumstances, except, of course, where there is great physical pain. To get the best effects, both the bath and the quinine should be taken just before getting into bed.

*Platina*, a most valuable remedy in mental diseases. Whatever the frame of mind of the patient may be, it is *always demonstrative*, the personality of the patient is obtruded on one's notice.—*Stiles.*

